

Mattison (J. B.)

Morphinism:

Morphinism in the Young.

A Tale of the Poppy and its Moral.

Morphinism in the Old; Cases at Three
Score and Ten; Recovery.

Morphinism in Women.

BY

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MORPHINISM IN THE YOUNG.

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Morphinism in the young is rare. This statement refers to recorded cases. Obersteiner, Zambaco, Jennings and others, abroad, who have had experience with the morphine disease, told me they had not met it. My own experience, compassing the care of many hundred cases of morphinism, has not covered one in a child. The literature of the subject is meagre. I have consulted dozens of books on diseases of children to find only a single reference to it—that, Meadows' work; and careful search through medical journals, at

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home and abroad—per *Index Medicus* and elsewhere—disclosed only five papers,—Carson, 1885; Amabile, 1886; Earle, 1887; Kiernan; 1891; Fischer, 1894. Calkins, Hubbard and Erlenmeyer refer to it mainly, hereditary cases.

Morphinism in children may be congenital or acquired. The latter is more often noted, because many cases of the former are overlooked, not being recognized by the doctor, who, unaware of morphinism in the mother, fails to appreciate the import of certain symptoms in the babe soon after birth, and the supply of narcotic nutriment (so to speak), as well as other nourishment—for the lacteal secretion is usually suspended—being cut off, the child speedily falls into fatal collapse.

One of the most notable cases of this kind ever cited was by Dr. Frank B. Earle, before the Chicago Medical Society, in December, 1887. In the preceding October he attended at the birth of a ten pound girl, whose mother—a morphinist—seemed specially solicitous

regarding her babe. Inquiry revealed the fact that three children died soon after birth, the first in two-and-a-half days, the second in three days and the third in four days. In this case, on the third day, the child became sleepless, pale and prostrate. Twelve hours after, was found pulseless and cyanotic; five minutes later, died. The mother had taken eight to fourteen grains of morphia, daily, commencing soon after marriage.

Most cases of acquired morphinism in children are met with in general practice, being noted by the family doctor, and by him often treated with success. Those presented in this paper—now first published—are from that source, and to the medical men who have given them to me I tender my thankful appreciation.

CASE I.—Dr. R. E. Howard. Twins, three months old; healthy, save being fretful and restless at night. By medical advice they were given Papine, in four drop doses. Papine is the product of a western drug house and contains one-eighth of a grain of morphia to the

drachm. One month after, each child was getting one drachm—one-eighth of a grain of morphine—at 5 p. m., daily. Four weeks later I was consulted and advised abrupt withdrawal. This was done, but for seven days and nights they were the most nervous little creatures I ever saw, did not sleep more than ten minutes at a time, and cried almost incessantly. At the end of a week they went to sleep from sheer exhaustion, and later did well.

CASE II.—Dr. I. H. Cuffman. Infant, three weeks old, was given two drops laudanum, three times daily for relief of colic. Two weeks later dose was increased to three drops, four times a day. This increase was continued till at the age of seven weeks babe was getting six drops of laudanum six times a day. Ordered it decreased one drop daily and gave chloral and bromide of sodium when needed, and in seven weeks quit the opiate. The child steadily improved and regained perfect health.

CASE III.—Dr. F. I. Given. Boy, twelve years, was given ten drops of tincture of opium to ease the pain from an injured scalp. When the wound healed the opiate need had become fixed, and during one year the amount increased to twenty-five drops each night. Without it he became restless, sleepless and hard to control. The boy is pale and frail, has the facial look of an old man, is listless, with little care for play. Owing to a structural cardiac lesion no treatment of his opium disease has been given.

CASE IV.—Dr. C. H. Lovewell. In the spring of 1872 I was called to see a sick child and found this case. Babe, about seven months old, wrinkled and shriveled like a person of ninety, with a strange solemn manner and stare. Inquiry elicited the fact that it was a first-born, normal in size and appearance at birth, grew fat and seemed in perfect health till it was four months old, when it began to reject food and to fret and cry. To quiet this, paregoric was given, but it soon needed so much that laudanum was used, and this increased to an average of a teaspoonful every three hours, so that at time of my call this little seven months creature was getting an ounce of laudanum each day. It weighed about seven pounds, had a big belly, with arms and legs that were a wonderful sight,—simply bone covered loosely by skin that would form a sort of “fringe” when the limb was extended. The head was of usual size, though it seemed much larger, but the neck muscles were so slight they would not support it. Nursing limited to one-eighth of usual amount, every third hour, stopped the vomiting. The laudanum was reduced one drop each dose, with directions not to give till certain symptoms ensued. No medicine was given. Food was retained, the skin filled out, and at the end of a month the babe was plump and happy. The opiate was entirely and permanently ended, and the babe developed into a robust boy—now a voter.

In reviewing cases of morphinism in children, one cannot fail to note with surprise the facility with which the disease is created, and its rapid growth as shown by an increase of the opiate daily given. As regards the latter point, my experience among hundreds of opium habitués presents no such notable case as the one last cited, when a child seven months old was getting at the end of three months six grains of morphine a day! That case is unique.

Incident to the rise and progress of this disease in children, one point of interest and importance presents. There are those in the profession who think that the main genetic factor in morphinism is mere moral obliquity on the part of the patient; simply a vicious desire for the pleasure, so-called, of the poppy. I have long held and still hold, increasingly so, (see two papers, "The Ethics of Opium Habitués," reprint, if desired) that this opinion, as related to most habitués of the better class, is a mistaken one; that these patients do not take opium from an innate propen-

sity to evil, but because of a physical necessity. What becomes of the opposite argument in cases such as we have cited? And what more needed to prove it unsound? Surely this sort of "vicious desire" does not obtain among babies! Surely "evil propensity" along this line does not play a part in patients six months old! No, no, a physical need creates, and—made greater by the narcotic, for it grows by what it feeds on—a physical need continues. In the immense majority of cases, among young and old, this may be accepted as an etiological fact.

So much as to the cause of morphinism in the young. What the consequence? Speedy decline and death. This the rule; exceptions noted. Details need not detain us. Nutrition centres bear the brunt of opiate excess, which tends to marasmic decay. En passant, it may be noted that the symptoms of this disease in the young, when the opiate is withheld or withdrawn, prove, beyond question, its somatic status, and that psychic factors have no place either in

causation or continuance. They furnish, too, still further disproof of its "vice" origin, for, obviously, neither weak or perverted will to cause, nor strong volition to cure, which, according to some—crassly ignorant of facts—is all that is needed, can, in infantile cases, possibly obtain.

The prognosis of morphinism in the young is good. Every case, if unconnected with structural lesion, or if nutrition be not too greatly damaged, and if given proper care, can be cured.

The treatment should be slow opiate withdrawal with such roborant régime as will best tend to pristine health. Under no condition, save very limited taking, or some other, quite beyond control, should the opium quitting be abruptly complete. The latter plan in the adult—a method *monstrous, brutal, mentioned only to be denounced*—not infrequently causes fatal collapse; a peril much more likely in the delicate organism of the young.

Mr. Chairman, in closing this paper I cannot refrain from expressing my

conviction that morphinism in children is far more prevalent than the paucity of recorded cases implies, and has a much larger influence on infantile mortality than vital statistics attest. In the lax condition of things now existing as to supervision of the manufacture and sale of the many nostrums lauded for relief of the painful, spasmodic diseases of child-life; in the certainty that most, if not all, of these mixtures contain opium in some form; in the fact that mothers and nurses, ignorant or careless or culpable, give, all too often, these insidious disturbers of infantile health; and in the facility with which the disease can be begun, is to be found the reason for my belief in a wide-spread prevalence of morphinism among the young. As a factor in the death-rate, I believe many cases are overlooked by the doctor, because, no thought being given to the use of opium in parent or child, no query is made of the mother or nurse regarding it; and the signs of morphinism being masked by—or mistaken for—other symptoms, and the

needful opiate being unwittingly withheld, the little patient, deprived of a vital support, falls into fatal collapse, or becomes an easier victim to other disease.

If my belief along these lines be well founded, certain preventive measures to better this situation are suggested. They are (1) instruction by the doctor to mothers and nurses of the risk in giving any form of opium to the young; (2) national or state control of all proprietary medicines, compelling their makers to place the formula on every box or bottle, so that "he who runs may read"; (3) careful inquiry, when called to a sick child, as to opium taking in any form, by the mother, before or after the birth of her babe, and as to its giving, in any guise, to the child.

Prudent forethought, with proper care, will go far to lessen this one of the ills to which infant life is heir.

PROSPECT PLACE, NEAR PROSPECT PARK.

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A TALE OF THE POPPY AND ITS MORAL.

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History repeats itself so often and with such unerring certainty along genetic lines, as regards morphinism and other narcotic ills, that the tale told in this paper will be neither novel nor new ; but if the moral that adorns it shall carry the conviction its importance deserves, we can—by virtue of the fact that prevention does greater good than cure—hope that the sum total of this phase of human ail may be lessened ; and, if this wished-for result be accom-

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plished—be the measure thereof **only** small—I shall be content.

In a paper, “The Etiology of Narcotic Inebriety,” read before the Brooklyn Neurological Society, December 14, 1892—reprint at command—it was asserted that my experience, compassing the history of many hundred cases, had brought a belief—the truth of which no mere theorizing or exonerative desire towards professional confrères can lessen in the least—that in the great majority of the better class cases of this disease, the largest share of responsibility in causation—even granting that it may, in many, be non-active or small—must be laid at the door of the doctor.

In asserting this, the fact was not lost sight of that various antecedent or concurring causes played a part; but quite aside from all these, there stood out in bold relief such a measure of personal responsibility, either active or passive, on the part of the attending medical man as could neither be doubted nor denied.

The cases cited to-night add force to this fact, and emphasize [still more

strongly the truth and value of certain deductions, and the ever-present, ever-urgent need of that caution and care in the use of our most common narcotic, which a prudent forethought undoubtedly demands.

Four years ago there came to my care a woman who, for ten years, had been taking morphia, part of the time in large amount, reaching an acme of thirty grs. a day.

From a maternal ancestry tainted along neurotic lines there had come to her the heritage of that bane of American women,—headache. As so often occurs, unless rightly treated, this painful condition was met by her medical adviser with morphia in quarter grain doses, whenever needed; without knowledge on her part as to its nature; with no warning as to possible ill; indeed, quite the reverse, for assurance was given that no solicitude need be felt on that score. And so, soon the old story, which, freighted with more of sorrow than the world will ever know, has come to me so often,—growing by

what it fed on, the soothing but snareful drug became part and parcel of her daily need—*need*, I say, *not* desire, vicious desire, as some mistakenly put it—for I hold that under such conditions any charge of mere moral obliquity that so often is made against this hapless folk is quite without warrant, because no larger measure of personal responsibility in causation obtains than in many other departures from physical health.

Of the half-score years of poppy bondage we need not now detail. Enough to say they made up the same gruesome story of ill health of body and ardent, sorrowful longings for “a freedom-like life made new.” At last the wished-for time arrived, but so strongly entrenched was the opiate enemy that nearly a six months’ seige was needed before the victory was complete. And it has continued, for the woman is well to-day.

Two weeks after the date I deemed it safe to dismiss this patient, a sister, four years the junior, presented herself with precisely the same story of mor-

phia taking as to cause, duration and amount. Such a double history, so similar in essential details, is, in my experience, unique; and a peculiar feature in each case was that the initial form of the opiate-using—quarter grain granules—was continued, so that these women came to take more than a hundred morphia granules daily, year after year.

Treatment, in this case, was a failure. The woman, despite her lesser years, seemed to have been made in a different mould, and the pernicious effect of the poppy, particularly in a damaged morale, was much more marked. Persistent curative effort was of no lasting avail. After a few months' re-use of the drug—this time the opiate tincture—on urgent request, a second attempt at cure was made, but without success. The case proving one in which the only hope of permanent recovery was in coercive care long continued, and conditions being such that this was not at command, treatment ended. The woman is given a daily stipend of opium, and,

most likely, will live and die under the poppy spell.

In January of last year, through the courtesy of Dr. John A. McCorkle, Mrs. A., widow, æt. fifty-two, consulted me regarding herself and told this story.

Ten years before, for relief of a disturbed cardiac condition, her medical adviser gave:

R Spts. Eth. Comp.
 Spts. Lavand.
 Syr. Simp.....aa 3ij
 Sol. Morph. Magendie.
 Fld. Ext. Convallar.....aa 3ss
 Aq. Camphoræ.....aa 3ij
 M.S. One drachm every half hour till relieved.

Each dose had one-sixteenth gr. morphia. It served a good purpose in improving heart action, but ere many moons waned it had made itself increasingly needful, and at time of coming to me she was taking the mixture in ounce doses several times a day. Repeated self-effort to quit was without success. Under treatment she made a good recovery, and has remained well.

So much for the tale. What the moral? This—Caution in all cases where morphia may seem called for, and a watch-

ful care, if it be given, lest the outcome of its taking be that of the cases we have cited.

In those of the sisters, the ancestral record was such as should have prompted the doctor, before giving, to weigh well the chance of such an untoward result and by after watch and ward avert it. In migraine of women, treated with morphia, there is special risk that the interim between doses will steadily and speedily lessen till the opiate taking is continuous. In no other condition is the risk so large, not even in the often painful periods incident to their sex. That being so, the importance of special care is obvious, and must be given, if the future good of the patient is to be conserved.

In the third case, with a dose so small, the chance of an ill ending seemed slight, yet morphinism became a fact. The wisdom of its giving in this case seems to me open to question, for it is not unfair to presume that a non-opiate regime would have effected the desired result. Had the impaired heart status

been structural, there might have been less cause for criticism, for there are certain organic departures from cardiac health when opium in some form is of sovereign value.

The small initial taking in this case—less than two minims of magendie—doubly emphasizes the poppy peril, for it proved large enough to do harm. I have been told of a teacher in a leading medical school who was wont to commend for relief from the fatigue of his overworked calling, 1 minim magendie subcutan. If such were true, I am bound to say the advice was pernicious, for many a doctor, following such counsel, would find it cause for life-long regret.

This tale again brings us face to face with the fact that in neurotic diseases treated with narcotics the doctor is, in a special sense, his brother's keeper, and it becomes him to take full cognizance of all conditions, past and present, on which, unless rightly appreciated, the danger of creating a drug disease so largely depends. To give relief from one ill only to make a

greater, is a sorry ending to a well meant endeavor; but such an ending is almost certain if there be neglect of those precautions to which we have referred.

Regarding the increase of morphinism in America, I am optimistic. In my opinion, the disease is on the wane; and the most hopeful feature of this devoutly-to-be-wished-for decline is that its greatest factor is found in the very field that once was so largely given over to the growth of this disease,—that is, in the profession. Wish it as we will, excuse it as we may, it is a fact, neither to be gainsaid nor set aside, that the main measure of responsibility, direct or indirect, for the rise—rise, I say, not progress—of morphinism rests on medical men, and it is cause for profound gratulation that, in steadily increasing number, they are coming to realize this fact, and, as much as in them lies, are striving to make amends for the mischief already made, by a less frequent counseling and less lavish giving of this snareful drug.

I believe this bettered state of things more largely obtains among the senior members of the profession, but quite as much is my belief that this wise precept and practice of the fathers of our fraternity will, at no distant day, be followed by the sons.

Speed that good time, for when it comes, the millenium will be nearer than now.

PROSPECT PLACE, NEAR PROSPECT PARK.

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MORPHINISM IN THE OLD; CASES AT THREE SCORE AND TEN; RECOVERY.

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Morphinism in the old is rare. Most cases of this neurosis are noted between thirty and forty, and the disease steadily declines in frequency during later decades.

In a paper —“Morphinism in the Young”—attention was called to the rarity of this disorder in children, as evidenced by reported cases, but the belief was expressed, and proof presented, that it prevails much more largely

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than clinical records or mortality tables attest.

This toxic factor in the ill-health of old age is, for reason soon given, much more patent than in the earlier days of life. In the latter, many cases are the unsuspected heritage of a maternal ancestry tainted along narcotic lines; and most of these, I believe, being unrecognized, and not given proper care, flash, so to say, flicker and go out, death usually coming before the fourth day; and of acquired cases, the outcome of ignorant or indiscreet poppy giving by mothers or nurses, not a few are masked by symptoms of other disease, but, in the old, no such ignorance of causation, or the true narcotic status obtains.

Some—not all—of the genetic factors of morphinism in middle life play a part in the old, but lack of the most common cause—pain—may, I think, be safely set down as the main reason for its infrequency in senile life.

Neuralgia is, in my experience, the most prolific cause of morphinism, but neuralgia is, essentially, a disease of the

first four decades, and if the fifty year period be passed without it, the chance of its coming steadily lessens, unless it be from structural lesion or morbid growth. Pain, of brawn or brain, has been the cause of every case of morphinism after the age of fifty that has come to my care. Of those cited in this paper, one was due to sciatica, the other to—what might be termed mental pain—melancholia. Both were laymen; one was seventy, the other seventy-two. In the former, the disease had persisted four years; the opiate was laudanum, and sometimes rum, taken to excess. The latter had used morphia twenty years, but reaching only four grs. daily, subcutan. His physical status was much impaired; the other's physique had not been greatly disturbed, but his mental darkness persisted, despite the opiate. The hypodermic user was under care eleven weeks; the other, twelve. Details of treatment need not detain us. Each recovered. The elder patient, who took morphia, lived fifteen months—“a complete cure,” his physician re-

ported—and died of albuminuria. The other survived four years, free from opium, and died of old age.

Genetic details of morphinism in the old being largely like those of middle life, call for no special comment.

Regarding results, they are, as a rule, less disastrous than in earlier years. Two things tend mainly to this. One is a less lavish use of the drug. Old folks seldom take it to excess. The lessened work and care of later life make no such demand for its stimulant effect—which comes to be a factor in continued taking, quite apart from its pain easing power—as among patients of middle life.

Again, and this I take to be the most important factor of all, it is my belief that in a certain proportion of cases—and that proportion not small—the moderate use of opium after the age of three score and five, is salutary, distinctly conducive to length of days. Quite apart from its supportive effect at this time of life, when vital force is on the wane, it unquestionably has a pro-

TECTIVE, prophylactic power against inflammatory disease. En passant, it may be noted that this preventive action obtains among opium habitués in earlier life, and the reverse when the habitual opiate is withdrawn, they being exposed to special, but steadily decreasing, risk along this line during the early abstinence time.

A striking case of this sort, showing the conservative effect of opium, occurred in my own social circle. A dear friend was gathered to her fathers at the age of eighty-six. She suffered from sciatica, and for several years prior to her death took, by my counsel, daily—sometimes semi-daily—opium, in the form of Squibb's deodorized tincture, in doses seldom exceeding ten or twelve drops. It worked well, gave her more sleepful nights, more painless days. That case may have been exceptional, inasmuch as so small a dose—for it never exceeded fifteen drops, and, contrary to the rule in earlier life, did not “grow by what it fed on”—served her so well. Be that as it may, there is not

the slightest doubt on my part that it prolonged her life,—years; and not only did she live longer, but she lived in much more comfort. The wear of her neuralgic pain was well met by the anodyne-soporific-tonic good of the opiate. It was of sovereign value.

The prognosis of morphinism in the old, among cases eligible for treatment, is good. The proportion of permanent recoveries in patients above sixty, under my care, has been larger than in those below that age. The main reason for this is the larger liability to recurring causes in ex-morphinists of middle life, and the fact that sufficient time is not taken by the latter for such prolonged post-active treatment as will make certain of a continued good getting on,—vide paper, “The Post-Active Treatment of Narcotic Habitues.” Especially is this so with medical men, who form seventy per cent. of those who honor me with their care. With the coming of improved health, when the opium incubus is removed, comes the danger of a premature return to

professional work. This, in my experience, has been the most frequent cause of a recurring of this disease. The remote future, much more than the immediate, of my patients gives me most concern. Despite the fact of their being physicians, too many of them do not realize this peril; do not appreciate the fact that, in many cases, months, and even years, of hygienic care and favorable environment, after active treatment is ended, are absolutely essential for a lasting cure. After what has been said of the beneficent effect of opium, oftentimes, in the old, it will be inferred that some such cases of morphinism are not eligible for treatment. That is true. Under such conditions, the best plan is to give that form of opiate tending least to untoward effect—and that, in my opinion, is the crude drug, or deodorized tincture, morphia subcutan. being the most disastrous—and in the most limited amount that will serve the end desired.

In cases where it is deemed best to entirely withdraw the opiate, treatment

must be adapted to the special need of each case. The patient, as well as his disease, should be treated. In proper cases, the Mattison method, which it is a pleasure to commend, because I know its value, may be used with full promise of good.

In others, a more gradual opiate decrease is best, taking months, and with it a full, roborant regime.

Under no conditions, save those of very limited using, both as to time and amount, or others peculiar and beyond control, should the quitting be abruptly complete. This method, *monstrous, brutal, mentioned only to be denounced*, sometimes causes fatal collapse in the vigor of middle life, a peril much more likely in the weakened organism of the old.

PROSPECT PLACE, NEAR PROSPECT PARK.

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MORPHINISM IN WOMEN.

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Morphinism in women is not rare. The assertion has been made, and that opinion somewhat obtains, that it is less often noted among men ; but my experience is not in keeping with that belief. Inference is not fact, and I am unaware of any proof that it prevails more largely among the gentler sex. The genesis of morphinism in women presents no special variation from that relating to men. A physical necessity—not “vicious desire,” not innate propensity to wrong, as some mistakenly put

*Read before the Section on Gynecology, New York Academy of Medicine, October 24, 1895.

it—stands out strongly along causation lines in almost every case among the better class. Even those departures from physical health, peculiar to their sex, which lead up to this toxic neurosis, have as the one great factor, pain.

The diagnosis of morphinism in women need never be difficult. Often, however, it is. Usually a consensus of symptoms, the import of which is distinctive, though details need not detain us, mark the disease, even to the non-expert. But there are cases—and not a few—where the lack of somatic signs, combined with denial of the drug taking—a denial due to the desire, common to most habitués, to protect herself from unkind and unjust judgment (the outcome of ignorance as to the true ethics of these cases), which prompts her to conceal the opiate using—make it not easy to determine the true condition.

There is a largely held opinion that all morphinists have a set of symptoms which leave little doubt as to diagnosis. That is not true. Many of them, objective as well as subjective, pertain to

other diseases. Some morphinists use the drug years with little departure from mind and body health. I recall a striking case: New England physician who had taken morphia fifteen years, by mouth, reaching a six grains daily using, in whom I noted no evidence of his disease. Another notable instance was that of Mrs. A., wife of a New York doctor, whose case, in 1888, figured largely in the courts, during a suit for divorce. Charge was made that she was a morphinist. It was denied. She was examined by two physicians, who declared her free from the disease. They were mistaken. She had been an habitué six years. She came under my care, made a good recovery, and has remained well.

The mistaken opinion as to the patent signs of morphinism has led to legal error. The most notable of recent years was in the case of Carlyle Harris. You will remember that application was made for a new trial on the ground of evidence that his wife had been a morphinist. The application

was denied, and in an opinion accompanying, the presiding judge laid much stress—most stress, if I mistake not—on his belief that had Mrs. Harris been an habitu  , it would have been known to her husband, for whom, in a former trial, no such extenuating plea had been presented.

I have known again and again morphinism in the wife concealed from her husband for years. In view of this fact, I have no hesitation in saying that the opinion of Recorder Smyth, refusing a new trial on that ground, was a grave judicial error.

The detection of morphinism in women need never be difficult. We have infallible means to decide it. Two tests place the diagnosis beyond doubt. One is urinary analysis; the other, enforced abstinence. The latter is the better. The former is best made by the Bartley process,—Dr. E. H. Bartley, Professor of Chemistry, L. I. College Hospital. There are other methods, but they are complex. This is simple and sure. It is: Make suspected urine alkaline with

carbonate of soda. To this add one-fourth of its volume of chloroform or amylic alcohol. Shake well, allow to settle, draw off the chloroform and add small amount of iodic acid. If morphia be present, a violet tinge will be noted. The other test suggests itself. Forced abstinence from morphia for forty-eight hours will surely give rise to reflex symptoms due to opiate need, and settle habitual taking beyond dispute.

The length of opiate using in cases under my care has been from six months to twenty-two years. The former took morphia subcutan., recovered in five weeks, and has been in good health several years. The other used 14 $\frac{3}{4}$ laudanum daily, and was not cured.

The daily amount of poppy taken has varied from nine-tenths of a gr. to forty grs. morphia subcutan. Both were women. The former had been given the drug ten years, and it seems scarcely credible that the daily giving was so small. In that, the case was unique. All tests to prove larger using failed. The secret of the unprecedentedly small

amount was found in the fact that it was never self-taken. Patient was dismissed in five weeks cured, in the winter of 1892, and has continued well. The case of forty grains daily subcutan. taking was a brilliant literary woman. The first treatment was a success, which continued three years. The disease has recurred several times. Treatment has not been, probably will not be, of lasting avail.

Three women, each taking thirty grains morphia per day, by mouth, have been noted. Two were sisters, each ten years' takers, the other seventeen years. The latter and one of the sisters recovered four years ago. The disease has not returned.

Morphinism in women is, as in men, disastrous. You need not be told it in detail. The most important feature of it concerns functions peculiar to their sex,—ovulation, fecundation. The former is almost always disturbed, often very irregular, sometimes long suspended. This condition is non-structural, and on removal of the cause rights itself. As a sequence of this status,

most women morphinists are sterile. Marked exceptions, however, have been noted. The most notable case of the kind known to me, and emphasizing the need of special post-partum care to these miniature morphinists lest they die in collapse, was reported by Dr. Frank B. Earle, of Chicago, in December, 1887. The preceding October, he attended at the birth of a ten pound girl, whose mother, a morphinist, seemed specially solicitous regarding her babe. Inquiry revealed the fact that three children died soon after birth,—the first in two and a half days, the second in three days, and the third on the fourth day. In this case, on the third day, the child became sleepless, pale and prostrate. Twelve hours after was found pulseless and cyanotic; five minutes later, died. The mother had taken eight to fourteen grains of morphia daily, commencing soon after marriage.

The sterility of morphinism ends soon after the removal of drug. My clinical records show quite a colony of post-poppy babies.

The prognosis of morphinism in women, in cases eligible for treatment, is good. Based on my experience, it is better than in men. The main reason for this is the larger liability to recurring causes among the latter. Of those who honor me with their care, seventy per cent. are medical men. With the coming of improved health, when the opium incubus is removed, comes the danger of a premature return to professional work. This is the rock on which the doctors founder. This, with the lack of that prolonged post-active treatment—hygienic care and favoring environment, which, continued through months, or even years, is absolutely essential to a lasting cure—is, I take it, the great factor in a recurrence of morphinism in medical men.

Recovery may be secured in some cases where the prospect seems signally unhopeful. My most striking case of this sort was noted in 1884. A Canadian lady—a lady by title as well as her accomplishments—was brought to me by her medical and legal advisers,

who had accompanied her because her condition was such they deemed it doubtful whether she survived the journey. She was the greatest wreck from morphia I ever met. Physically she was too weak to walk; mentally she was imbecilic in look and talk; had various delusions; hallucinations of sight and sound, and—the only instance in many hundred cases—hallucinations of touch, not only seeing bugs and reptiles crawling over her, but feeling them as well. A more pitiable case could not well be pictured. She responded promptly to treatment, made an excellent recovery, —her psychical betterment outpacing the somatic—was dismissed, cured, in eleven weeks, and has remained well nearly eleven years,—tidings, by telegram, to that effect, reaching me to-day.

The treatment of morphinism in women, like that in men, must depend on conditions peculiar to each case. The patient as well as her disease must be treated. Changes incident to her sex must be met and adjusted. In my experience, however, the need in this re-

gard has been small. In most cases, nature, freed from poppy fetters, has, unaided, reasserted herself. Along other lines there need be no special therapeutic departure. Speaking broadly, more prolonged treatment than in men is usually required. The extremes in recoveries under my care have been five weeks, and six months. The latter was a ten years' case, with a daily morphia taking of thirty grs. by mouth. The seige was a long one, but it was a success.

In proper cases, the Mattison method—which it is a pleasure to commend, because I know its value—may be used with full promise of success. Other cases should have a more gradual morphia quitting. Not seldom the opiate plays a minor part in the situation,—profound neurasthenia or other condition being of larger import. Such a case is now under my care: a brilliant young woman, wife of a physician, weary and wakeful from constant care of her husband, who from morphia-cocaine excess will soon reach a graveyard or a mad-

house. Three months ago she was given morphia, subcutan., to bring rest and sleep, and—history repeated itself. The drug made special havoc in her case, for from an avoirdupois of 140 she wasted to 70. The tide has turned; she weighs 96; she will recover, but months of active treatment and prolonged post-active care will be needed, because underlying her toxic neurosis, is a profoundly depressed nerve status that will require long time to restore.

Treatment in women enceinte may be effected—by non-abrupt method—without solicitude as to mother or babe, any time before the fourth month. After that the risk to each progressively increases. If gestation be completed, special care must be given the child, lest it die in collapse, which so often proves fatal in such cases.

Under no conditions, save very limited opiate taking as to time and amount, or others beyond control, should the morphia quitting be abruptly complete. This method—*monstrous, brutal, mentioned only to be denounced*—always en-

tails needless suffering, and sometimes ends in fatal collapse. Two such cases, both women, one in a Brooklyn hospital, the other in a Virginia asylum, are known to me. Never was there so little excuse for it, for never was the humane treatment of the morphine disease so simple, so satisfactory, and so successful as now.

Mr. Chairman, in reviewing the subject of morphinism in women, I am profoundly impressed with a belief which has steadily grown stronger, that the largest measure of good work by the profession, in this field, lies not along the line of cure, but prevention. Morphinism has its rise in painful or other disorders, met by morphia. In many cases this must needs be, but in many more it need not be. Morphinism is, largely, a preventable disease. This fact, and my belief that the profession is increasingly appreciating it, and by less frequent counseling and less lavish giving of this snareful drug are steadily tending to lessen the growth of the disease, make me optimistic regard-

ing morphinism in America. I think it on the wane. To the fathers of our fraternity, in my opinion, much credit for this is due, for, by more careful thought, or an experience often unhappy, they have come to realize the danger ever connected with a careless or uncalled for use of morphia; but I believe their wise precept and practice is bound to have a like effect upon the sons, and, at no distant day, redound to the glory of the profession, and the good of human kind.

PROSPECT PLACE, NEAR PROSPECT PARK.

